

Employment and Community First CHOICES Career Advancement Plan

This form is to be completed by those with a goal of career advancement. Career advancement includes the following:

- Promotion to a new/higher paying job
- Second wage job
- Wage job in addition to self-employment
- Another form of advancement approved on a case-by-case basis by Amerigroup Community Care

The type of career advancement the member wishes to achieve should be reflected throughout this career advancement plan. Additionally, the member should consider the individual integrated employment services delivered in the last six months (e.g., exploration, discovery, benefits counseling, situational observation and assessment, school-provided services and vocational rehabilitative services).

1. Member information

2.

Member name:	Member ID:
Career advancement provider information	
Provider name:	Provider ID:

Job developer name: ______ Job developer phone: ______

Job developer email: ______

Date career advancement plan received: ______

3. Career advancement connections

Who can help the member with creating this career advancement plan and/or use their personal connections to assist the member to achieve his or her career advancement goals?

Key people to engage	Name(s) and contact information
Legally appointed	
conservator or guardian	
Designated representative	
(to assist with	
Medicaid-related	
decisions)	
Family members who are	
very involved	
Friends who are very	
involved	
Other members of the	
community	
Other colleagues or allies	
of the job developer	

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

4. Career advancement goal(s)

Check the member's most prominent career advancement goal.

- □ Promotion to a better/higher paying wage job
- Second wage job
- □ Wage job in addition to self-employment
- Other type of career advancement approved by managed care organization (please describe):

5. Career advancement objective

Member's strong interests (applicable to promotion or additional wage employment)	Member's most marketable/developed skills and abilities (as related to each strong interest)	Examples of appropriate* job duties/tasks (as related to strong interests and marketable/developed skills and abilities)	Examples of appropriate job titles (if customized employment is a goal, write "customized position" in this column)

* Appropriate means the examples are suitable given the member's interests and skills/abilities.

6. Essential conditions and preferences for career advancement success

Type of condition	Essential conditions necessary for success	Desired preferences
Work schedule		
(hours/days/times)		
Location/distance		
from home		
Physical accessibility		
Type of work		
environment		
Supervisor traits		
Coworker traits		
Job coach traits or		
training		
Reasonable		
accommodations		
Employer flexibility		

Type of condition	Essential conditions necessary for success	Desired preferences
Personal care-related		
conditions		
Other essential conditions		

7. Career advancement plan activities log

Date service started: ______ Date service completed: ______

Complete a separate line for each career advancement plan service activity.**

Date of service	Activity and location	Time spent	Staff travel time	Staff miles driven	Accomplished date
service		completing activity	(associated	(during	date
		(including	with activity	travel with	
		travel time	but without	and without	
		with person)	person)	the person)	

** Add more rows if needed.

8. Career advancement plan**

Examples of appropriate job duties/tasks the member can bring to the new position (should match section five above)	Examples of appropriate job titles (should match section five above) If customized employment is goal/need, write "customized position" in this column.	Examples of opportunities for promotion or second job available through member's existing employer If currently self-employed, write "N/A – currently self-employed" in this column.	Names of other local employers most likely to benefit from hiring the member Consider local employers with whom the member and the member's family/friends already have an existing connection.

** Add more rows if needed.

9. Order of priority for contacting identified employers

Complete this with input and guidance from the member and those closest to the member.

Using the list of local employers in section eight, reorganize at least 10 employers in order of priority.

priorit	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

10. Career advancement tools to be utilized

Check all that apply.

- □ Updated resume (traditional)
- □ Updated visual resume, including photos and/or video clips
- □ Work-related references (e.g., from current supervisor/employer, customers [if self-employed], work experiences or internships/volunteering
- □ Performance reviews from current employment
- □ Character references
- Other (please describe): ______

Recommendations related to next steps: Include any assistance the member may need to maintain promotion or new job, including assistance with time management, transportation, etc.

Date submitted to Amerigroup:
Name of job developer who authored this report:
Signature of job developer who authored this report:
Name of person who received this report:
Name of person who reviewed and approved this report for adequacy:
Approval date: